

Telecommunications Carriers			
AUTHORIZED UTILITY REPRESENTATIVE FORM			
CERTIFICATED COMPANY INFORMATION			
Company Name: SkyBest Communications, Inc.		FEIN/SSN: [REDACTED]	
DBA/FKA:		Telephone # 336-877-1350	
Mailing Address: PO Box 759			
City: West Jefferson		State: NC	ZIP Code: 28694
ILEC	IXC	CLEC XX	Wireless ETC
REGISTERED AGENT INFORMATION			
Registered Agent: Margaret M. Fox			
Mailing Address: PO Box 11390			
City: Columbia		State: SC	ZIP Code: 29211

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION			
General Manager			
Name: Kim Shepherd			
Address: PO Box 759			
City: West Jefferson		State: NC	ZIP Code: 28694
Phone: 336-877-1350	Email: kim.shepherd@skyline.org	Fax: 336-877-2020	
Emergency Contact- Non Office Hours			
Name: Greg Pritchard			
Phone: 864.921.4170		Email: gregory.pritchard@skyline.org	Fax: 336-877-2020
Customer Relations/Complaints Rep			
Name: Jamey Jenkins			
Address: PO Box 759			
City: West Jefferson		State: NC	ZIP Code: 28694
Phone: 336-876-6279	Email: jamey.jenkins@skyline.org	Fax: 336-877-2020	
Complaints Rep for Complaint Escalation			
Name: Brian Tester			
Address: PO Box 759			
City: West Jefferson		State: NC	ZIP Code: 28694
Phone: 336-876-6549	Email: brian.test@skyline.org	Fax: 336-877-2020	
Customer Toll Free Contact Number: 800-759-2226			
Engineering Operations			
Name: Robbie Farmer			
Address: PO Box 759			
City: West Jefferson		State: NC	ZIP Code: 28694
Phone: 336-876-6281	Email: robbie.farmer@skyline.org	Fax: 336-877-2020	
Test and Repair			
Name: Arianne Hurtado			
Address: 208 S. Alabama Ave.			
City: Chesnee		State: SC	ZIP Code: 29323
Phone: 864-461-2211	Email: arianne.hurtado@skyline.org	Fax: 336-877-2020	

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Steven Hardin, Regulatory Manager			
Address: PO Box 759			
City: West Jefferson	State: NC	ZIP Code: 28694	
Phone: 336-877-1350	Email: steven.hardin@skyline.org	Fax: 336-877-2020	
Annual Report Form Mailings			
Name & Title: Pam Weaver, Executive Assistant			
Address: PO Box 759			
City: West Jefferson	State: NC	ZIP Code: 28694	
Phone: 336-876-6151	Email: pam.weaver@skyline.org	Fax: 336-877-2020	
Dual Party Invoice Mailings			
Name & Title: Laura Shepherd, Accounting Manager			
Address: PO Box 759			
City: West Jefferson	State: NC	ZIP Code: 28694	
Phone: 336-877-1350	Email: laura.shepherd@skyline.org	Fax: 336-877-2020	
Universal Service Fund Mailings			
Name & Title: Laura Shepherd, Accounting Manager			
Address: PO Box 759			
City: West Jefferson	State: NC	ZIP Code: 28694	
Phone: 336-877-1350	Email: laura.shepherd@skyline.org	Fax: 336-877-2020	
Gross Receipts Mailings			
Name & Title: Laura Shepherd, Accounting Manager			
Address: PO Box 759			
City: West Jefferson	State: NC	ZIP Code: 28694	
Phone: 336-877-1350	Email: laura.shepherd@skyline.org	Fax: 336-877-2020	
Lifeline Contact			
Name & Title: Angie Poe, Customer Service Manager			
Address: PO Box 759			
City: West Jefferson	State: NC	ZIP Code: 28694	
Phone: 336-877-1350	Email: angie.poe@skyline.org	Fax: 336-877-2020	

FORM PREPARER INFORMATION	
This form was completed by: Steven Hardin	
Signature: 	
Title: Regulatory Manager	Date: 2/14/2019

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201